

RECEIVED COMM. OF ELECTIONS

2001 JAN 16 P 1: 29

### Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name:	Committee to Elect	CARLETON E.	CAREY, SR
Account Number:		Date of this Report:	1/15/07
REPORTING PERIOD:	FROM: 01/01/06	то: 12-31-0	No.
Check the box that applies to this	s report:		
A COMMISSION OF THE PERSON OF	□ 8-DAY □ 30-DAY	Office:	O D C I I T lance
The state of the s	□ 8-DAY □ 30-DAY □ 30-DAY	LITY D	& DOYER COUNCIL MAN AT LARGE
	□ 8-DAY □ 30-DAY	- 50	
Special Election	a o-bai		
Year End Report	Final Organization Closing		Closing Date:
regulations regarding Campaign	included in this Financial Report pac n Finance and the election process in Commissioner will perform an audit of	the State of Delaware. I	rect. I agree to abide by all rules and understand that representatives from ed on this report.
Blanche a.	Caney		1/15/07 DATE
Carleton 2	. Carey Se.		1/15/07
CANDIDATE SIGNATURE			DATE



# STATEMENT OF ACCOUNT BALANCE

AC	COUNT #:	REPORTING PERIOD	: 1/1/06	To 12/31/06
			FROM	то
1.	BEGINNING (Close Out I	BALANCE Salance from last reporting period)		\$16-54
2.	RECEIPTS:			
	A.	SCHEDULE A - TOTAL RECEIPTS		
	В.	SCHEDULE C-1 – TOTAL IN-KIND CONTRIBUTIONS		
	c.	SCHEDULE D-1 – TOTAL LOANS RECEIVED		
	D.	SCHEDULE E – TOTAL EXPENSE REIMBURSEMENTS R	ECEIVED	
	E. SUBT	OTAL (Total of A, B, C, D)		
3.	EXPENDITU	RES:		
	F.	SCHEDULE B - TOTAL EXPENDITURES		
	G.	SCHEDULE C-2 – TOTAL IN-KIND EXPENDITURES		
	Н.	SCHEDULE D-2 - TOTAL LOAN PAYMENTS		. <u></u>
	I.	SCHEDULE E - TOTAL EXPENSE REIMBURSEMENTS P	AID	
	J. SUB	TOTAL (Total of F, G, H, I)		
4.	ENDING BA (Beginning)	LANCE Balance plus 2E, minus 3J)		\$16.54
5.	VALUE OF	NON-CASH ASSETS (From Schedule F)		
6.	VALUE OF	DISPOSED/TRANSFERRED ASSETS (From Schedule G)		x
7.	VALUE OF	LOANS AT END OF PERIOD (Loan Balance from Schedule D-	2)	
8.	CLOSE OUT	BALANCE (Must equal zero if Committee closed)		



## SCHEDULE A - TOTAL RECEIPTS

ACCT#:			REPORTING PERIOD:				
	=*			FROM	то		
over \$50. No period, each	temize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are ver \$50. NOTE: If you receive funds from the same person or organization several times during the reporting eriod, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.  RECEIPTS IN EXCESS OF \$100:						
Date	Contrib	Contributor	Contributor	Aggregate	Amount		
Received	Type	Name	Mailing Address	Amount	Received		
					100		
				WINTER STATE			
				TO I			
TOTAL TO	CONTRACTO	PV CDSS OF SIGN					
TOTAL RI	ECEIPTS IN	EXCESS OF \$100					
TOTAL DI	CEIDTS N	OT IN EXCESS OF \$100			1		
TOTAL KI	CEIPISN	OI 114 EACESS OF 3100			0		

GRAND TOTAL RECEIPTS

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)



#### SCHEDULE B - TOTAL EXPENDITURES

ACCT#:	• • •	REPORTING PERIOD:			
				FROM	TO
of the amou must be liste	nt. NOTE: IF you expend funds to th	ing period. All expenditures to Political Cone same person or organization several time 100, even if the individual amounts are not.	s during the reporting	emized, regardles ng period, each its	s em
Date	Payee	Payee	Reason	Aggregate	Amount
Expended	Name	Mailing Address	Code	Amount	Expended
	Waller Tolk				ALC: N
	White death and a fitter				TIP THE PARTY.
					VELOCIAL V
					West State
				LANGUA STATE	
TOTAL EX	KPENDITURES IN EXCESS OF S	\$100			
TOTAL EX	KPENDITURES NOT IN EXCESS	S OF \$100			0

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)

GRAND TOTAL EXPENDITURES



#### SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

ACCT#:		REPORTING PERIOD:			
			FROM	то	
Itemize all goods and services contributed at no charge or less than fair market value in excess of \$100 for the reporting period.  NOTE: If you receive in-kind contributions from the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.  IN-KIND CONTRIBUTIONS IN EXCESS OF \$100:  (NOTE: ESTIMATED VALUE RECEIVED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU MADE FOR THE GOODS OR SERVICES)					
Date	Contributor	Contributor	Description of	Estimated	
Received	Name	Mailing Address	Contribution	Value Received	
			MINE THE BOT		
	E'ETE THE PROPERTY OF				
				-	
To the					
TOTAL IN	-KIND CONTRIBUTIONS IN EX	(CESS OF \$100			
TOTALD	VIND CONTRIBUTIONS NOT	IN EVCESS OF \$100			
IOIALIN	-KIND CONTRIBUTIONS NOT	IN EACESS OF S100			

GRAND TOTAL IN-KIND RECEIPTS

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, A21STATEMENT OF ACCOUNT BALANCE, ITEM 2B)



### SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

ACCT #:		REPORTING PERIOD:				
			FROM	TO		
Itemize all goods and services expended at no charge or less than fair market value in excess of \$100 for the reporting period.  NOTE: If you pay in-kind expenditures to the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.  IN-KIND EXPENDITURES IN EXCESS OF \$100:  (NOTE: ESTIMATED VALUE EXPENDED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU RECEIVED FOR THE GOODS OR SERVICES)						
Date	Payee	Payee	Description of	Estimated		
Expended	Name	Mailing Address	Expenditure	Value Expended		
- 5						
TOTAL IN	-KIND EXPENDITURES IN EXC	CESS OF \$100				
TOTAL IN	-KIND EXPENDITURES NOT I	N EXCESS OF \$100		0		

GRAND TOTAL IN-KIND EXPENDITURES

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)



#### SCHEDULE D-1 - LOANS RECEIVED

ACCT#:_ (	71 5 2	REPORTING PERIOD:	FROM		TO		
					6020		
Il loans in excess of	f \$50 RECEIVED DURING THIS REPORTING	PERIOD should be itemized on this schedule. NOTE: Th	ese loans must also be listed on Schedule D-2.				
A 1 1/2 NACONIUS	n III ni ni ni ni						
DANS RECEIVED IN EXCESS OF \$50:  Date Lender Name Endorser Name Description Int Amount							
Received	and Mailing Address	and Mailing Address	of Security	Rate	Received		
Received	and maning Address	and Francis Address	or security	Kate	Received		
			E ROLL WILLIAM STREET, STA				
			El municipal State Anniel State of the second				
					1		
				V . 1984			
				FILE			
					1 2 2 2		
					0		
OTAL LOANS RE	ECEIVED						



TO

## SCHEDULE D-2 - LOANS

ACCT#:	1, 1				REPORTING PI	ERIOD:	
							FROM
All outstandi	ing loans in excess of \$50 must be I	isted. This includes loans from Lending I	institutions, Candidate's Personal Funds and Other Contr	ributors.			
		11 S. C.					
Date Date	EXCESS OF \$50: Lender Name	Endorser Name	Description	Int	Original	Payments	Loan
Received	and Mailing Address	and Mailing Address	of Security	Rate	Loan Amount	Made	Balance
					I FILE EAS		
			White the Later and the				
			No of the Control of the Control		E TENER		
			E LANGE THE RESIDENCE				
			Lancate Company				
							THE PLANT
				_			0
TOTAL LO							
TOTAL PAYN	HENTS MADE SHOULD ALSO APPEAR	ON PAGE 2, STATEMENT OF ACCOUNT BA	ALANCE, ITEM 3H; TOTAL LOAN BALANCE SHOULD ALSO	APPEAR C	IN PAGE 2, STATEM	ENT OF ACCOUNT	BALANCE, ITEM 7



#### SCHEDULE E - EXPENSE REIMBURSEMENTS

			MAIN CHAIL	NG PERIOD:	
	* *				FROM
	resements received by you and paid by you must be itemi				
Date Received	NTS RECEIVED (Monies paid to you as reimbursen  Reimburser Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimbursemer Received
					2
mal Inc				1000	
	A STATE OF THE STA			THE REST	
					2
OTAL REIMBU	RSEMENTS RECEIVED				0
		TATEMENT OF ACCOUNT BALANCE, ITEM 2D	r		0
REIMBURSEMENTS	RSEMENTS RECEIVED  S RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2, S  NTS PAID (Monies paid by you to reimburse others				0
EIMBURSEME Date	NTS PAID (Monies paid by you to reimburse others Payee Name	for expenses they incurred.)  Description	Activity	Total	
EIMBURSEMENTS	S RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2, S  NTS PAID (Monies paid by you to reimburse others	for expenses they incurred.)		Total Expense Amount	Reimbursemen Paid
EIMBURSEMENTS EIMBURSEME Date	NTS PAID (Monies paid by you to reimburse others Payee Name	for expenses they incurred.)  Description	Activity		
EIMBURSEMENTS EIMBURSEME Date	NTS PAID (Monies paid by you to reimburse others Payee Name	for expenses they incurred.)  Description	Activity		
EIMBURSEMENTS EIMBURSEME Date	NTS PAID (Monies paid by you to reimburse others Payee Name	for expenses they incurred.)  Description	Activity		
EIMBURSEMENTS EIMBURSEME Date	NTS PAID (Monies paid by you to reimburse others Payee Name	for expenses they incurred.)  Description	Activity		
EIMBURSEMENTS EIMBURSEME Date	NTS PAID (Monies paid by you to reimburse others Payee Name	for expenses they incurred.)  Description	Activity		Paid
EIMBURSEME Date Paid	NTS PAID (Monies paid by you to reimburse others Payee Name	for expenses they incurred.)  Description	Activity		



## SCHEDULE F - NON-CASH ASSETS

ACCT#:		REPORTING PERIOD:	
icci #.			OM TO
temize all non-cash associated to the organization.	ization.	ose paid for by the organization, lent to the organization	n and
Date	Description	Location	Value
Received	of Asset	of Asset (Physical Address)	of Asset
	CIXE IS THE SERVICE OF	THE DESCRIPTION OF STREET	The state of the s
			The Rain
	THE RESERVE	HE STATE OF THE ST	
			3 7 - 7 - 11
			5 233
Eve if helper			
	Tan Is in Limited and		
THE RESERVE			
OTAL ASSET VAL			0

(TOTAL ASSET VALUE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5)



## SCHEDULE G - ELIMINATION OF ASSETS

ACCT#:	REPORTING PERIOD:				
			FROM TO		
Itemize all non-cash ass	sets disposed of, transferred or sold by the organ	zation during the reporting period.			
ALL NON-CASH ASS	SETS				
Date	Description	Disposition	Value		
Eliminated	of Asset	of Asset	Received		
Paul Burros					
Transport	The state of the s	Teknika William Julia historia	ni it Minibus		
43 .14					
			Wall Report Lab		
		BE BUSINESS OF BUSINESS OF BUSINESS	Total District		
TOTAL ASSETS ELI	IMINATED		0		
	SATED SHOULD ALSO APPEAR ON PAGE 2, STATE	MENT OF ACCOUNT BALANCE, ITEM 6)			